Inventor Information

Inventor One Given Name:

Family Name: Name Suffix:

Postal Address Line One Postal Address Line Two

7USU

City:
State or Province:
Postal or Zip Code:
Citizenship Country:

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Application Information

Title Line One:

Title Line Two: Title Line Three:

Total Drawing Sheets:

Formal Drawings?:

METHODS FOR TREATING DISORDERS OF NEURONAL DEFICIENCY WITH BONE

MARROW-DERIVED CELLS

0

N/A

Application Type: Docket Number:

Utility 286002021300

Representative Information

Representative Customer Number:

25226

Continuity Information

This application is a: > Application One:

Filing Date:

which is a:

>>Application Two:

Filing Date:

which is a:

>>>Application Three:

Filing Date:

Prior Foreign Applications

Foreign Application One:

Filing Date:

Country:

Priority Claimed:

non-provisional of 60/247,128

November 10, 2000